

Acid Rain Program Instructions for Allowance Account Information Form (40 CFR 73.30 - 73.38)

The Acid Rain Program regulations require any person, company, or organization wishing to open a general Allowance Tracking System (ATS) account for the purpose of holding and transferring allowances to submit a completed Allowance Account Information form or provide the requested information in a similar format. You also may use this form to change the information previously submitted for a general account, such as the identity of the authorized account representative. In such cases, enter your allowance account identification number in the space provided at the top of the form. Affected units will automatically receive a unit account in the ATS, and should use the Certificate of Representation form to make any changes to unit account information.

Type or complete the form in black ink. If you need more space, photocopy the pertinent page. When you have completed the form, indicate the page order and total number of pages (<u>e.g.</u>, 1 of 4, 2 of 4, etc.) in the spaces provided in the upper right hand corner of each page.

Remember, under 40 CFR 73.33 you must notify all persons who have an ownership interest with respect to the allowances held in an account of all Acid Rain Program submissions. EPA will accept subsequent submissions from the Authorized Account Representative (AAR) or, if one is designated, from the Alternate AAR.

If you need assistance, call the Acid Rain Hotline at 202-564-9620.

- STEP 2 The owners may choose an alternate to act in lieu of the Authorized Account Representative.
- **STEP 3** EPA will use the address you enter here for all official correspondence concerning this account.
- STEP 4 Identify all parties with an ownership interest in the allowances held in this account. All of these parties must be subject to a binding agreement authorizing the representation of the account by the authorized account representative, and, if applicable, the alternate authorized account representative, identified in Steps 1 and 2. If you (the authorized account representative) are the only person with an ownership interest in the allowances held in the account, list your name here.

STEP 6 Both the authorized account representative and the alternate (if any) must sign and date the certifications. If you are revising account information, only one signature is needed.

Submission Instructions

Submit this form to the following address:

U.S. ENVIRONMENTAL PROTECTION AGENCY ACID RAIN PROGRAM (6204J) ATTN: ALLOWANCE TRACKING SYSTEM 1200 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20460

Paperwork Burden Estimate

The burden on the public for collecting and reporting of information under this request is estimated at 30 hours per response. Send comments regarding this collection of information, including suggestions for reducing the burden, to: Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460; and to: Paperwork Reduction Project (OMB#2060-0258), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503. *Do not send this form to these addresses; see the submission instructions above.*

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Allowance Account Information General Accounts Only

	For more information, see instructions and refer to 40 CFR 73.31.		
	This submission is: New (to open a new general account)		
	Revised (to revise information on an existing general account)		
	If you are opening a new allowance account, complete all steps in this form. If you are an authorized account representative (AAR) for another account in the allowance tracking system (ATS), please write in your AAR ID#. If this is a revised submission, enter your ATS account # and AAR ID# and complete only those steps covering the information you wish to change. You must complete Step 6 to authorize the change of information. Only the authorized account representative or alternate authorized account representative can authorize the change.		
	Allowance Tracking System Account #	Authorized Account Representative ID#	
STEP 1 Enter requested information for the authorized account	Name		
representative			
	Firm (Optional)		
	Phone Number	Fax Number	
STEP 2 (Optional) Enter requested information for the alternate authorized	Name		
account representative	Wallie		
	Firm (Optional)		
	Phone Number	Fax Number	
STEP 3 Enter the mailing address for the account			
	Address		
STEP 4 Enter the names of all parties (persons or	Name		
companies) subject to the binding agreement			
authorizing your representation of the	Name		
account	l		
	Name		

	Name		
	Nume	Allowance Account - Page	
	ATS Account # (from page 1)	Page of	
STEP 5 (Optional) Respond to the questions by marking all appropriate boxes (EPA will use this information for program evaluation purposes only)	Is the authorized account representative employed by an allowance brokerage firm? No Yes (if yes, please mark all boxes that apply) This account will be used to transfer allowances between clients This account will be used to hold allowances for investment purposes This account will be used for other purposes (please specify))))))		
	What types of business are represented by the owner(s) of allowances in this account? (Mark all boxes that apply) Utility Non-Utility Congretors of Floatricity		
	Non-Utility Generators of Electricity Fuel Supplier		
	Coal Oil		
	Gas Other		
	Pollution Control Equipment		
	Public Interest Group		
	Consumer Other		
	Environmental		
	Other))))))))))))))))))))))))))))))))))))		
STEP 6 Read the certifications and sign and date. (Only one signature is needed if the form is being used to revise account information)	I certify that I was selected under the terms of an agreement that is binding on all persons who have an ownership interest with respect to allowances held in the Allowance Tracking System account. I certify that I have all necessary authority to carry out my duties and responsibilities on behalf of the persons with an ownership interest and that they shall be fully bound by my actions, inactions, or submissions under 40 CFR Part 73. I am authorized to make this submission on behalf of the persons with an ownership interest for whom this submission is made.		
necount informationy	I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting material information, including the possibility of fine or imprisonment for violations.		
	Signature (Authorized Account Representative)	Date	
	Signature (Alternate Authorized Account Representative, if any)	Date	

Submission Information

Mail to the following address:

U.S. Environmental Protection Agency Acid Rain Program (6204J) Attention: Allowance Tracking System 1200 Pennsylvania Avenue, NW Washington, D.C. 20460